

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3						
4						
5						
6						
7	/					
8		/				
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16	/					
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39	/					
40		/				
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42						
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44						
45						
46						
47	/					
48		/				
49						
50						
TOTAL IND.	12		↓		↓	
TOTAL DEP.	66		↔		↔	
TOTAL CLAIMS	78					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					
52		/				
53	/					
54		/				
55						
56						
57		/				
58	/					
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95						
96						
97						
98						
99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.			↔		↔	
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS